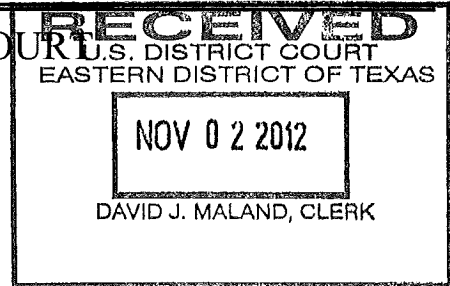


AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
Eastern District of Texas



Blue Spike, LLC

*Plaintiff(s)*

v.

Integrated Biometrics, LLC

*Defendant(s)*

6:12CV499 LEAD

CONSOLIDATED WITH  
Civil Action No. 6:12-CV-652

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Integrated Biometrics, LLC  
The Corporation Trust Company  
Corporation Trust Center, 1209 Orange Street  
Wilmington, Delaware 19801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eric M. Albritton  
ALBRITTON LAW FIRM  
P.O. Box 2649  
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/24/12



CLERK OF COURT

*David Maland*

Signature of Clerk or Deputy Clerk

Civil Action No. 6:12-CV-652

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Integrated Biometrics, LLC  
was received by me on *(date)* 10/09/2012 .

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

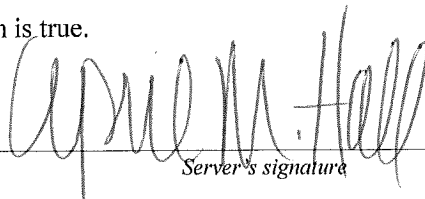
☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☒ Other *(specify)*: certified mail, return receipt requested #70080500000118062354

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 10/17/2012

  
\_\_\_\_\_  
Server's signature

April M. Hall  
\_\_\_\_\_  
Printed name and title

111 West Tyler, Longview, Tx. 75601  
\_\_\_\_\_  
Server's address


Additional information regarding attempted service, etc:

**U.S. Postal Service<sup>TM</sup>**  
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Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$8.95	

Sent To **Integrated Biometrics, LLC**  
**The Corporation Trust Company**  
**Corporation Trust Center**  
**1209 Orange Street**  
**Wilmington, Delaware 19801**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <b>2012</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p><b>Integrated Biometrics, LLC</b>  <b>The Corporation Trust Company</b>  <b>Corporation Trust Center</b>  <b>1209 Orange Street</b>  <b>Wilmington, Delaware 19801</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <b>7008 0500 0001 1806 2354</b>          (Transfer from service)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

**RRR**

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70080500000118062354

**SERVICE**

Priority Mail®

**STATUS OF YOUR ITEM**

Delivered

**DATE & TIME**October 09, 2012, 6:57  
am**LOCATION**

WILMINGTON, DE 19899

**FEATURES****Expected Delivery By:**  
October 5, 2012  
**Certified Mail™**  
**Return Receipt**Notice Left (No  
Authorized Recipient  
Available)October 05, 2012, 11:30  
am

WILMINGTON, DE 19801

Arrival at Unit

October 05, 2012, 11:07  
am

WILMINGTON, DE 19801

Depart USPS Sort  
Facility

October 05, 2012

PHILADELPHIA, PA 19116

Processed at USPS  
Origin Sort FacilityOctober 04, 2012, 11:05  
pm

PHILADELPHIA, PA 19116

Dispatched to Sort  
FacilityOctober 03, 2012, 3:59  
pm

LONGVIEW, TX 75601

Acceptance

October 03, 2012, 2:27  
pm

LONGVIEW, TX 75601

**Check on Another Item**

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